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1 EDMUND G. BROWN JR.
Attorney General of California
2 FRANK H. PACOE
Supervising Deputy Attorney General
3 JUDITH J. LOACH
Deputy Attorney General
4 State Bar No. 162030
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 703-5604
6 Facsimile: (415) 703-5480
E-mail: Judith.Loach@doj.ca.gov
7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **BOARD OF REGISTERED NURSING**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No: **2010-377**

13 **BONNIE BOLSTAD BENJAMIN**
14 **552 Roosevelt Way**
San Francisco, CA 94114

ACCUSATION

15 **Registered Nurse License No. 665014**
16 **Clinical Nurse Specialist License No. 3100**

17 Respondent.

18
19 Complainant alleges:

20 **PARTIES**

21 1. Louise R. Bailey, M.Ed., RN ("Complainant") brings this Accusation solely in her
22 official capacity as the Interim Executive Officer of the Board of Registered Nursing, Department
23 of Consumer Affairs.

24 2. On or about September 2, 2005, the Board of Registered Nursing issued Registered
25 Nurse License Number 665014 to Bonnie Bolstad Benjamin ("Respondent"). The Registered
26 Nurse License was in full force and effect at all times relevant to the charges brought herein and
27 will expire on March 31, 2011, unless renewed. On or about November 26, 2008, the Board of
28 Registered Nursing issued Clinical Nurse Specialist License Number 3100 to Respondent. The

1 Clinical Nurse Specialist License was in full force and effect at all times relevant to the charges
2 brought herein and will expire on March 31, 2011, unless renewed.

3 JURISDICTION

4 3. This Accusation is brought before the Board of Registered Nursing ("Board"),
5 Department of Consumer Affairs, under the authority of the following laws. All section
6 references are to the Business and Professions Code ("Code") unless otherwise indicated.

7 4. Section 2750 of the Business and Professions Code provides, in pertinent part, that
8 the Board may discipline any licensee, including a licensee holding a temporary or an inactive
9 license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing
10 Practice Act.

11 5. Section 2764 of the Code provides, in pertinent part, that the expiration of a license
12 shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the
13 licensee or to render a decision imposing discipline on the license.

14 RELEVANT STATUTES AND/OR REGULATIONS

15 6. Section 2761 of the Code states:

16 "The board may take disciplinary action against a certified or licensed nurse or deny an
17 application for a certificate or license for any of the following:

18 "(a) Unprofessional conduct, which includes, but is not limited to, the following:

19 "(1) Incompetence or gross negligence in carrying out usual certified or licensed nursing
20 functions."

21 ...

22 7. California Code of Regulations, title 16, section 1442, states:

23 "As used in Section 2761 of the code, 'gross negligence' includes an extreme departure from
24 the standard of care which, under similar circumstances, would have ordinarily been exercised by
25 a competent registered nurse. Such an extreme departure means the repeated failure to provide
26 nursing care as required or failure to provide care or to exercise ordinary precaution in a single
27 situation which the nurse knew, or should have known, could have jeopardized the client's health
28 or life."

1 8. California Code of Regulations, title 16, section 1443, states:

2 "As used in Section 2761 of the code, 'incompetence' means the lack of possession of or the
3 failure to exercise that degree of learning, skill, care and experience ordinarily possessed and
4 exercised by a competent registered nurse as described in Section 1443.5."

5 COST RECOVERY

6 9. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
7 administrative law judge to direct a licensee found to have committed a violation or violations of
8 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
9 enforcement of the case.

10 DRUGS

11 10. "Flolan," also known by the generic name "Epoprostenol" is an intravenous
12 medication used to treat pulmonary hypertension, a type of high blood pressure in the lungs.
13 Because of its side-effects, the optimum dose of Flolan has to be carefully titrated based on the
14 patient's weight and it must be administered by way of an infusion pump that delivers a precise
15 amount of the medication.

16 STATEMENT OF FACTS

17 11. On March 25, 2008, patient C.W. was admitted to the Intensive Care Unit ("ICU") at
18 UCSF Medical Center, in San Francisco. C.W. was a 24 year old male who had been diagnosed
19 with severe pulmonary hypertension and right sided heart failure. He was admitted to the ICU for
20 treatment in attempt to improve his prognosis and quality of life. After five days in the ICU
21 C.W.'s condition had stabilized through the use of various intravenous medications, such that on
22 March 30, 2008, he could be transferred to the Transitional Care Unit ("TCU").

23 12. On March 31, 2008, Respondent was assigned to care for C.W. At the time, C.W.,
24 was prescribed and receiving Flolan at a rate of 20 ng/kg/min (4.2 cc/hr) and doputamine (a
25 cardiac medication) – with each medication being delivered intravenously and by way of separate
26 infusion pumps.

13. Due to his low potassium level on March 31, 2008, a physician ordered KCL (potassium chloride) to be administered to C.W. intravenously at a rate of 100 cc/hour. This medication was also to be delivered by an infusion pump.

14. At approximately 7:00 p.m., Respondent hung the KCL solution and thought that she was programming the infusion pump for the KCL to be delivered at the prescribed rate of 100 cc/hour.¹ Shortly after starting the KCL infusion, C.W. suffered a cardiac arrest. After 45 minutes of attempted resuscitation, at 7:58 p.m., he was pronounced dead.

15. Respondent was present during the attempted resuscitation of C.W. In her nursing note, Respondent reported that she and another nurse observed that the Flolan was infusing at the rate of 100 cc/hour (the rate that the KCL was to be infused), instead of the prescribed rate of 4.2 cc/hour.

16. C.W.'s primary care physician's dictated "discharge note" reported that the "misadministration of Flolan resulting in vasodilatation and hypoxia" was the cause of his cardiac arrest and ultimate death.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

17. Respondent is subject to disciplinary action under section Code section 2761(a)(1). Respondent's failure to ensure that the infusion pump delivering Flolan to C.W. was at the correct and prescribed rate, constituted an extreme departure from standard nursing case, as set forth above in paragraphs 10 through 16.

SECOND CAUSE FOR DISCIPLINE

(Incompetence)

18. Respondent is subject to disciplinary action under section Code section 2761(a)(1). Respondent's failure to ensure that the infusion pump delivering Flolan to C.W. was at the correct and prescribed rate, was not the practice of a competent nurse as set forth above in paragraphs 10 through 16.

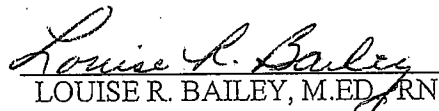
¹ A nurse is at all times required to follow the "five rights of medication administration" including: right patient, right medication, right dose, right chart and right route.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking or suspending Registered Nurse License Number RN 665014, issued to Bonnie Bolstad Benjamin.
2. Revoking or suspending Clinical Nurse Specialist License Number 3100, issued to Bonnie Bolstad Benjamin.
3. Ordering Bonnie Bolstad Benjamin to pay the Board of Registered Nursing the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3.
4. Taking such other and further action as deemed necessary and proper.

DATED: 2/9/10


LOUISE R. BAILEY, M.ED., RN
Interim Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

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